Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF INDIANA		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your	e the name that is on government-issued are identification (for	Tiera First name	First name
		nple, your driver's use or passport).	Monique	
	iloci	isc or passporty.	Middle name	Middle name
		g your picture	Germany	
		tification to your ting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	use Inclu	other names you have d in the last 8 years ude your married or den names.		
3.	you num Indi	y the last 4 digits of r Social Security aber or federal vidual Taxpayer tification number	xxx-xx-1386	

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Debtor 1 Tiera Monique Germany

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EIN	☐ I have not used any business name or EINs. Business name(s) EIN
5.	Where you live	1101 E. 17th Street, Unit 435	If Debtor 2 lives at a different address:
		Indianapolis, IN 46202 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Marion County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Deb	otor 1 Tiera Monique Ger	rmany			Case number (if known)		
Par	t 2: Tell the Court About	Your Bankruptcy	Case				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	choosing to file under	Chapter 7					
		☐ Chapter 11					
		☐ Chapter 12					
		☐ Chapter 13					
8.	How you will pay the fee	about how order. If y	v you may pay. Typid	cally, if you are paying the fee you	with the clerk's office in your local court for nurself, you may pay with cash, cashier's chec f, your attorney may pay with a credit card or	k, or money	
					n, sign and attach the Application for Individu	als to Pay	
		_		(Official Form 103A).	only if you are filing for Chapter 7. By law, a	iudae may	
		but is not applies to	required to, waive yo your family size and	our fee, and may do so only if you I you are unable to pay the fee in	r income is less than 150% of the official povinstallments). If you choose this option, you ral Form 103B) and file it with your petition.	erty line that	
9.	Have you filed for	■ No.					
	bankruptcy within the last 8 years?	☐ Yes.					
	lust o years.	Distr	ict	When	Case number		
		Distr		When			
		Distr		When	Case number		
			-				
10.	Are any bankruptcy	■ No					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
		Debi	or		Relationship to you		
		Distr	ict	When	Case number, if known		
		Debi	or		Relationship to you		
		Distr	ict	When	Case number, if known		
11.	Do you rent your	□ No. Go	to line 12.				
	residence?			ned an eviction judgment against	vou?		
		■ Yes.	No. Go to line 1	, ,	,		
		_		ial Statement About an Eviction Ju	udgment Against You (Form 101A) and file it	with this	

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Deb	otor 1 Tiera Monique Ge	rmany			Case number (if known)	
Par	Report About Any Bu	ısinesses	You Ow	n as a Sole Propriet	or	
12. Are you a sole propriet of any full- or part-time business?		■ No.	Go to) Part 4.		
		☐ Yes.	Nam	e and location of busi	iness	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Numl	e & ZIP Code		
	it to this petition.		Chec	k the appropriate box	x to describe your business:	
				Health Care Busin	ess (as defined in 11 U.S.C. § 101(27A))	
				· ·	Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))	
				Commodity Broker	r (as defined in 11 U.S.C. § 101(6))	
				None of the above		
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?	If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor che proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small busine you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the proced § 1116(1)(B).				
	For a definition of small	■ No.	I am	not filing under Chap	ter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bank Code.			
		☐ Yes.			11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.	
		☐ Yes.			11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.	
Par	t 4: Report if You Own or	Have Any	/ Hazard	ous Property or Any	Property That Needs Immediate Attention	
14.	Do you own or have any	■ No.				
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is	the hazard?		
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			diate attention is , why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	s the property?		
					Number, Street, City, State & Zip Code	

Debtor 1 Tiera Monique Germany

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	otor 1 _Tiera Monique Ge	rmany		Case number (if	known)		
Par	t 6: Answer These Quest	ions for Re	eporting Purposes				
16.	What kind of debts do you have?	16a.	Are your debts primarily consu individual primarily for a personal	mer debts? Consumer debts are defined , family, or household purpose."	in 11 U.S.C. § 101(8) as "incurred by an		
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.	Are your debts primarily busine money for a business or investment				
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you owe the	hat are not consumer debts or business de	ebts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. G	o to line 18.			
	Do you estimate that after any exempt property is excluded and	■ Yes.		ou estimate that after any exempt property le to distribute to unsecured creditors?	is excluded and administrative expenses		
	administrative expenses are paid that funds will		No				
	be available for distribution to unsecured creditors?		Yes				
18.	How many Creditors do you estimate that you owe?	1 -49		1 ,000-5,000	2 5,001-50,000		
		□ 50-99		☐ 5001-10,000	☐ 50,001-100,000		
		☐ 100-19 ☐ 200-99		☐ 10,001-25,000 ☐ More than100,000			
19.	How much do you estimate your assets to be worth?	= \$0 - \$9	50.000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion		
		□ \$50,00	01 - \$100,000	☐ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion		
		□ \$100,001 - \$500,000 □ \$500,001 - \$1 million		☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
20.	How much do you	S \$0 - \$5	50.000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion		
	estimate your liabilities to be?		01 - \$100,000	☐ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion		
			001 - \$500,000 001 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
Part	t7: Sign Below						
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.					
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.					
			attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this ument, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
		I request	relief in accordance with the chapt	er of title 11, United States Code, specifie	d in this petition.		
I understand making a false statement, concealing property, or obtaining money or property by fraud in connection wi bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 13 and 3571.							
		Tiera Mo	Monique Germany onique Germany of Debtor 1	Signature of Debtor 2			
		Executed	on August 17, 2021	Executed on			
			MM / DD / YYYY		D / YYYY		

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Debtor 1 <u>Tiera Monique Ge</u>	ermany	Ca	se number (if known)
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, Uni	ted States Code, and have	e informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applie schedules filed with the petition is incorrect.	es, certify that I have no know	wledge after an inquiry that the information in the
	/s/ Jennifer F. Asbury	Date	August 17, 2021
	Signature of Attorney for Debtor		MM / DD / YYYY
	Jennifer F. Asbury		
	Printed name		
	John Steinkamp and Associates		
	Firm name		
	5214 S. East Street		
	Suite D1		
	Indianapolis, IN 46227		
	Number, Street, City, State & ZIP Code		
			ecf@johnsteinkampandassociates.co

31307-06 IN

Bar number & State

HII	in this information to identify you	ur caca-			
Der	tor 1 Tiera Monique C	Middle Name	Last Name		
	tor 2 use if, filing) First Name	Middle Name	Last Name		
	ed States Bankruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA		
	e number	-			
(if kn				_	eck if this is an ended filing
Su Be a	s complete and accurate as poss	ible. If two married people ules first; then complete th	nd Certain Statistical Information are filing together, both are equally responsible form information on this form. If you are filing amend the box at the top of this page.		
Par	1: Summarize Your Assets				
					r assets le of what you own
1.	Schedule A/B: Property (Official 1a. Copy line 55, Total real estate,			\$_	0.00
	1b. Copy line 62, Total personal per	roperty, from Schedule A/B		\$_	7,240.00
	1c. Copy line 63, Total of all prope	rty on Schedule A/B		\$	7,240.00
Par	2: Summarize Your Liabilities				
					r liabilities ount you owe
2.	Schedule D: Creditors Who Have 2a. Copy the total you listed in Col		(Official Form 106D) the bottom of the last page of Part 1 of Schedule D	\$_	0.00
3.	Schedule E/F: Creditors Who Hav 3a. Copy the total claims from Pa		I Form 106E/F) is) from line 6e of Schedule E/F	\$_	1,800.00
	3b. Copy the total claims from Pa	rt 2 (nonpriority unsecured c	laims) from line 6j of Schedule E/F	\$_	38,572.00
			Your total liabilities	\$	40,372.00
Par	3: Summarize Your Income ar	nd Expenses			
4.	Schedule I: Your Income (Official I Copy your combined monthly inco) I	\$_	1,983.70
5.	Schedule J: Your Expenses (Offici Copy your monthly expenses from			\$_	1,979.00
Par	4: Answer These Questions for	or Administrative and Stati	stical Records		
6.	Are you filing for bankruptcy un ☐ No. You have nothing to repo	•	heck this box and submit this form to the court with yo	our other	schedules.
7.	■ Yes What kind of debt do you have?				
			debts are those "incurred by an individual primarily for g for statistical purposes. 28 U.S.C. § 159.	a persoi	nal, family, or
	Your debts are not primaril the court with your other sche		ve nothing to report on this part of the form. Check thi	s <i>box</i> an	d submit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Tiera Monique Germany Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,250.67

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,800.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	1,800.00

						3
Fill in this i	nformation to identify	your case a	and this filing:			
Debtor 1	Tiera Moniqu					
Dobto: 1	First Name	ic Ociman	Middle Name	Last Name		
Debtor 2	, <u> </u>		AC. 1 11 A.			
(Spouse, if filing			Middle Name	Last Name		
United State	es Bankruptcy Court for	the: SOUT	THERN DISTRICT OF	INDIANA		
Case numb	er					☐ Check if this is an
Case Hamb						amended filing
						3
Ott: -: -1	Carra 400 A /D					
	Form 106A/B					
Sched	lule A/B: Pr	operty	y			12/15
think it fits be	st. Be as complete and a	ccurate as p	ossible. If two married p	e. If an asset fits in more than o eople are filing together, both a On the top of any additional pag	re equally responsible for	r supplying correct
Answer every	question.	·			•	, ,
Part 1: Des	cribe Each Residence, Bu	ilding, Land,	, or Other Real Estate Yo	u Own or Have an Interest In		
4. Da				dia		
1. Do you ow	n or nave any legal or equ	litable intere	st in any residence, build	ding, land, or similar property?		
■ No. Go	to Part 2.					
☐ Yes. W	here is the property?					
Dord 2: Doo	cribe Your Vehicles					
Part 2: Des	cribe rour veriicles					
3. Cars, var☐ No☐ Yes	ns, trucks, tractors, sp	ort utility ve	ehicles, motorcycles			
3.1 Make	Ford		Who has an interest	in the property? Check one		d claims or exemptions. Put
Mode	Fireless		■ Debtor 1 only	the property i officer one		cured claims on Schedule D: Claims Secured by Property.
Year:	2013		Debtor 2 only			Current value of the
Appro	oximate mileage:	160,000	Debtor 1 and Debt	or 2 only	entire property?	portion you own?
Other	information:		☐ At least one of the	debtors and another		
I	ation: 1101 E. 17th S 435, Indianapolis IN		Check if this is co	ommunity property	\$5,450.00	\$5,450.00
Examples No Yes Add the pages ye	: Boats, trailers, motors,	personal water tion you owart 2. Write	atercraft, fishing vessel vn for all of your entri that number here	vehicles, other vehicles, and s, snowmobiles, motorcycle a es from Part 2, including an ollowing items?	ccessories y entries for	\$5,450.00 Current value of the
						portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 1

Necessary clothing and accessories

Location: 1101 E. 17th Street, Unit 435, Indianapolis IN 46202

\$500.00

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

□ No

Yes. Describe.....

Costume jewelry, watches

Location: 1101 E. 17th Street Unit 438, Indianapolis IN 46202

\$100.00

Official Form 106A/B Schedule A/B: Property page 2

No

☐ Yes. List each account separately.

Type of account: Institution name:

☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Official Form 106A/B Schedule A/B: Property page 4

Deb	tor 1	Tiera Monique Germany		Case number (if known)	
_	If you a	terest in property that is due you from someone who has are the beneficiary of a living trust, expect proceeds from a lift one has died.		are currently entitled to rec	eive property because
	Yes.	Give specific information			
_		against third parties, whether or not you have filed a law oles: Accidents, employment disputes, insurance claims, or ri		nd for payment	
	Yes.	Describe each claim			
	No	contingent and unliquidated claims of every nature, inclu	ding counterclaims o	of the debtor and rights to	o set off claims
	Yes.	Describe each claim			
_	Any fin I No	nancial assets you did not already list			
		Give specific information			
36.		the dollar value of all of your entries from Part 4, includin art 4. Write that number here			\$40.00
Part	5: De:	scribe Any Business-Related Property You Own or Have an Inter	est In. List any real esta	te in Part 1.	
37. D	o you o	own or have any legal or equitable interest in any business-relate	ed property?		
	No. Go	to Part 6.			
	Yes. G	Go to line 38.			
Part		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	t In.	
46. i	Do you	ı own or have any legal or equitable interest in any farm-	or commercial fishin	g-related property?	
	No.	Go to Part 7.			
	☐ Yes	. Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	Examp	nhave other property of any kind you did not already list oles: Season tickets, country club membership	•		
	■ No □ Yes.	Give specific information			
54.	Add t	he dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Part	Q٠	List the Totals of Each Part of this Form			
					* 0.00
55.		1: Total real estate, line 2 2: Total vehicles, line 5			\$0.00
56. 57.		2: Total vericles, line 5 3: Total personal and household items, line 15	\$5,450.00 \$1,750.00		
57. 58.		t: Total financial assets, line 36	\$1,750.00 \$40.00		
59.		5: Total hinancial assets, line 30 5: Total business-related property, line 45	\$0.00		
60.		5: Total farm- and fishing-related property, line 52	\$0.00		
61.		7: Total other property not listed, line 54 +	\$0.00		
62.		personal property. Add lines 56 through 61	\$7,240.00	Copy personal property t	total \$7,240.00
00	T-1-'	of all managing on Cabadada AID Add For 55 a For 60	·		A
63.	ıotal	of all property on Schedule A/B. Add line 55 + line 62			\$7,240.00

Official Form 106A/B Schedule A/B: Property Case 21-03840-JJG-7 Doc 1 Filed 08/19/21 EOD 08/19/21 08:54:52 Pg 15 of 59

Debtor 1 **Tiera Monique Germany** Case number (if known)

Official Form 106A/B Schedule A/B: Property page 6 Best Case Bankruptcy

Debtor 1	Tiera Monique Ge	ermany		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA	
Case number (if known)				Check if this is an amended filing

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
2013 Ford Fusion 160,000 miles Location: 1101 E. 17th Street, Unit	\$5,450.00		\$5,450.00	Ind. Code § 34-55-10-2(c)(2)
435, Indianapolis IN 46202 Line from <i>Schedule A/B</i> : 3.1			100% of fair market value, up to any applicable statutory limit	
Household goods, furnishings, appliances	\$500.00		\$500.00	Ind. Code § 34-55-10-2(c)(2)
Location: 1101 E. 17th Street, Unit 435, Indianapolis IN 46202 Line from <i>Schedule A/B</i> : 6.1			100% of fair market value, up to any applicable statutory limit	
TVs, cell phone, gaming system Location: 1101 E. 17th Street, Unit	\$500.00		\$500.00	Ind. Code § 34-55-10-2(c)(2)
435, Indianapolis IN 46202 Line from <i>Schedule A/B</i> : 7.1			100% of fair market value, up to any applicable statutory limit	
CDs	\$50.00		\$50.00	Ind. Code § 34-55-10-2(c)(2)
I ocation: 1101 F 1/th Street Unit	*****	_		
Location: 1101 E. 17th Street, Unit 435, Indianapolis IN 46202 Line from Schedule A/B: 8.1	*****	_	100% of fair market value, up to any applicable statutory limit	
435, Indianapolis IN 46202	\$100.00			Ind. Code § 34-55-10-2(c)(2)

De	btor 1 Tiera Monique Germany			Case number (if known)	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Necessary clothing and accessories Location: 1101 E. 17th Street, Unit	\$500.00		\$500.00	Ind. Code § 34-55-10-2(c)(2)
43	435, Indianapolis IN 46202 Line from <i>Schedule A/B</i> : 11.1			100% of fair market value, up to any applicable statutory limit	
	Costume jewelry, watches Location: 1101 E. 17th Street Unit	\$100.00		\$100.00	Ind. Code § 34-55-10-2(c)(2)
4	438, Indianapolis IN 46202 Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	
	Cash Line from Schedule A/B: 16.1	\$0.00		\$0.00	Ind. Code § 34-55-10-2(c)(3)
	Line Ironi Schedule AVB. 10.1			100% of fair market value, up to any applicable statutory limit	
	Checking: Chase Bank Line from Schedule A/B: 17.1	\$40.00		\$40.00	Ind. Code § 34-55-10-2(c)(3)
	Line IIIIII Schedule AVD. 17.1			100% of fair market value, up to any applicable statutory limit	
	Checking: Huntington Bank Line from Schedule A/B: 17.2	\$0.00		\$0.00	Ind. Code § 34-55-10-2(c)(3)
	Ellie Holli Golleddie 7VB. TTIE			100% of fair market value, up to any applicable statutory limit	
	Potential 2021 tax refund Line from Schedule A/B: 28.1	Unknown		\$360.00	Ind. Code § 34-55-10-2(c)(3)
				100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every 3			illad on ar after the data of adjustmen	nt)
	No	o years alter that for Ca	1565 11	ned on or after the date of adjustifier	n.)
	☐ Yes. Did you acquire the property covere	ed by the exemption wi	ithin 1	,215 days before you filed this case	?
	□ No				
	☐ Yes				

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Fill in this information to identify your case:						
Debtor 1	Tiera Monique Ge	ermany				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF INDIANA			
Case number					☐ Check if this is an	
					amended filing	

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

Fill in this infor	mation to identify your o	ase:					
Debtor 1	Tiera Monique Ge	many Middle Name	Last Nan	ne			
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Nan	ne			
United States Ba	ankruptcy Court for the:	SOUTHERN DISTR	ICT OF INDIANA				
Case number							
(if known)						☐ Check	if this is an
						amend	ed filing
Official Forr	m 106E/F						
	E/F: Creditors W	ho Have Unse	ecured Claim	s			12/15
Schedule G: Exect Schedule D: Credi left. Attach the Co name and case nu	ntracts or unexpired leases to utory Contracts and Unexpi tors Who Have Claims Secu ntinuation Page to this page umber (if known). All of Your PRIORITY Uns	red Leases (Official Force of the Property. If moe. If you have no inform	rm 106G). Do not incl re space is needed, c	ude any cre opy the Part	ditors with partially s you need, fill it out,	secured claims that a number the entries in	re listed in the boxes on the
1. Do any credit	ors have priority unsecured	claims against you?					
☐ No. Go to I	Part 2.						
Yes.							
identify what ty possible, list th	Ir priority unsecured claims type of claim it is. If a claim has the claims in alphabetical order than one creditor holds a par	s both priority and nonpr according to the credite	iority amounts, list that or's name. If you have r	claim here a	nd show both priority a	and nonpriority amount	ts. As much as
(For an explan	nation of each type of claim, se	ee the instructions for th	is form in the instruction	n booklet.)	Total claim	Priority	Nonpriority
						amount	amount
	Il Revenue Service reditor's Name	Last 4 dig	its of account number	·	\$1,800.00	\$1,800.00	\$0.00
Attn: B PO Box	sankruptcy Dept x 7346		the debt incurred?	2020		-	
Philade Number S	elphia, PA 19101-7346 Street City State Zip Code		late you file, the clain	is: Check a	II that apply		
	ed the debt? Check one.	☐ Contino		. IOI ONOOK G	п инас арргу		
Debtor 1	only	☐ Unliquid					
Debtor 2	only	■ Dispute					
	and Debtor 2 only	•	a RIORITY unsecured cl	aim·			
	one of the debtors and another		tic support obligations	u			
_	this claim is for a commun	_	and certain other debts	vou owo tho	govornment		
	subject to offset?		for death or personal ir	=	=		
■ No		☐ Other.	•	, , , .			
☐ Yes		_ 0	Tax Debt				
Part 2: List A	All of Your NONPRIORITY	/ Unsecured Claims	i.				
3. Do any credit	tors have nonpriority unsec	ured claims against yo	u?				
☐ No. You ha	ave nothing to report in this pa	rt. Submit this form to th	ne court with your other	schedules.			
Yes.			·				
unsecured cla	ur nonpriority unsecured cla im, list the creditor separately itor holds a particular claim, lis	for each claim. For eacl	n claim listed, identify w	hat type of c	laim it is. Do not list cla	aims already included aims fill out the Contir	in Part 1. If more nuation Page of
						Tota	ıl claim

Debtor	1 Tiera Monique Germany	Case number (if known)					
4.1	ChexSystems	Last 4 digits of account number		\$0.00			
	Nonpriority Creditor's Name 7805 Hudson Road Ste. 100	When was the debt incurred?					
	Saint Paul, MN 55125 Number Street City State Zip Code	As of the date you file, the claim					
	Who incurred the debt? Check one.	As of the date you me, the dam's	э. Опеск ан так арру				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
		☐ Student loans					
	☐ Check if this claim is for a community debt	<u></u>	ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims	itation agreement of divorce that you did not				
	No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Notice Only	<u> </u>				
4.2	Community Health	Last 4 digits of account number		\$0.00			
	Nonpriority Creditor's Name	- When we also debt in some 42					
	PO Box 19202 Indianapolis, IN 46219	When was the debt incurred?					
	Number Street City State Zip Code						
	Who incurred the debt? Check one.	•	,				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	☐ Student loans					
	debt	Obligations arising out of a sepa					
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharing					
	Yes	Other. Specify Notice Only	<u> </u>				
	Community Home Medical		Multiple				
4.3	Equipment	Last 4 digits of account number	Accounts	Unknown			
	Nonpriority Creditor's Name Po Box 71248 Charlotte, NC 28272-1248	When was the debt incurred?	Multiple Dates				
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure					
	☐ Check if this claim is for a community	☐ Student loans					
	debt		ration agreement or divorce that you did not				
	Is the claim subject to offset? report as priority claims						
	■ No	Debts to pension or profit-sharing					
	Yes	Other. Specify Medical De					

Debtor	1 Tiera Monique Germany	Case number (if known)			
4.4	CoreLogic Corporate Headquarters Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00		
	40 Pacifica Avenue Suite 900	When was the debt incurred?			
	Irvine, CA 92618 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	$\hfill \square$ Obligations arising out of a separation agreement or divorce report as priority claims	that you did not		
	■ No	Debts to pension or profit-sharing plans, and other similar de	bts		
	Yes	Other. Specify Notice Only			
4.5	Eagle Finance	Last 4 digits of account number 2921	\$1,462.00		
	Nonpriority Creditor's Name				
	Bleeker Brodey & Andrews 9247 N Meridian St., #101 Indianapolis, IN 46260	When was the debt incurred? 2020			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce report as priority claims	that you did not		
	■ No	Debts to pension or profit-sharing plans, and other similar de	bts		
	Yes	Other. Specify Judgment			
4.6	East Auto Finance Inc	Last 4 digits of account number 8401	\$6,250.00		
	Nonpriority Creditor's Name 8514 Pendleton Pike Indianapolis, IN 46226	When was the debt incurred? 8/18			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	$\hfill \square$ Obligations arising out of a separation agreement or divorce report as priority claims			
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar de	bts		
	Yes	■ Other. Specify Deficient balance on vehicle			

Debtor	1 Tiera Monique Germany	Case number (if known)			
4.7	Equifax	Last 4 digits of account number	\$0.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 740241	When was the debt incurred?			
	Atlanta, GA 30374 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify Notice Only			
4.8	Experian	Last 4 digits of account number	\$0.00		
	Nonpriority Creditor's Name	When was the debt incurred?			
	Attn: Bankruptcy Dept PO Box 2002	when was the debt incurred?			
	Allen, TX 75013				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims			
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	Other. Specify Notice Only			
4.9	Flaherty & Collins Properties	Last 4 digits of account number 6868	\$0.00		
	Nonpriority Creditor's Name C/o Daniel Sandlin	When was the debt incurred?			
	PO Box 4656	Their was the dest mounted?			
	Carmel, IN 46082				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims			
	No	□ Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	■ Other. Specify Notice Only			

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1 Tiera Monique Germany			
Harris & Harris	Last 4 digits of account number	Multiple Accounts	\$156.0
Nonpriority Creditor's Name 111 W. Jackson Blvd. #400	When was the debt incurred?	Multiple Dates	
Chicago, IL 60604 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim	S. Official that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	■ Other. Specify Collection	Accounts - IU Healthcare Assoc	
IC System Inc.	Last 4 digits of account number	9471	\$416.
Nonpriority Creditor's Name PO Box 64378	When was the debt incurred?	5/20	
Saint Paul, MN 55164 Number Street City State Zip Code	As of the date you file, the claim	is: Chook all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim	в. Спеск ан тлат арру	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharir	on plans, and other similar debts	
■ No	Other. Specify Collection	•	
	<u> </u>		
Indianapolis Housing Agency Nonpriority Creditor's Name	Last 4 digits of account number	0064	\$0.
1919 N. Meridian Street Indianapolis, IN 46202	When was the debt incurred?		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	nation agreement of divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□ Yes	■ Other Specify Notice Only	ı	

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Debtor 1 Tiera Monique Germany		Case number (if known)				
4.1	Jacks Auto Cales		4054	\$7.400.00		
3	Joe's Auto Sales	Last 4 digits of account number	<u> 1951 </u>	\$7,120.00		
	Nonpriority Creditor's Name C/o Lora Nell Williams	When was the debt incurred?	2020			
	P.O. BOX 43					
	Greensburg, IN 47240	_				
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt	Obligations arising out of a sepa	ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	,			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Judgment				
4.1	Midwest Title Loan	l and 4 dimits of a second second		Unknown		
4	Nonpriority Creditor's Name	Last 4 digits of account number		Ulkilowii		
	330 N. Gilbert	When was the debt incurred?				
	Danville, IL 61832 Number Street City State Zip Code	_ As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	no or the date you me, the olumn	o. Chook all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims				
	■ No	Debts to pension or profit-sharin				
	Yes	Other. Specify Deficient be	alance on vehicle			
4.1	Deliable Auto Finance		6004	\$0.004.00		
5	Reliable Auto Finance	Last 4 digits of account number	<u>6234</u>	\$6,834.00		
	Nonpriority Creditor's Name PO Box 9700	When was the debt incurred?	2019			
	Wyoming, MI 49509					
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	-	□ Debts to pension or profit-sharing plans, and other similar debts				
	No					
	☐ Yes	■ Other. Specify Deficient ba	alance on vehicle			

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1 Tiera Monique Germany			
RMP	Last 4 digits of account number	Multiple Accounts	\$798.00
Nonpriority Creditor's Name 6955 Hillside Court Indianapolis, IN 46250	When was the debt incurred?	Multiple Dates	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim		
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Collection	Accounts - Medical Associates	
Shelter Insurance Company	Last 4 digits of account number	4320	\$14,555.00
Nonpriority Creditor's Name c/o Bleecker Brodey & Andrews 9247 N. Meridian Street, Suite 310	When was the debt incurred?	2017	
Carmel, IN 46033 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Judgment		
Sims Furniture	Last 4 digits of account number		Unknown
Nonpriority Creditor's Name 3020 N Post Rd Indianapolis, IN 46226	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	-		
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharin		
☐ Yes	■ Other Specify Credit Card	I/Credit Use	

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Debt	or 1 Tiera Monique Germany	Case number (if known)				
4.1 9	State Farm Fire & Casualty	Last 4 digits of account number 5724	Unknown			
	Nonpriority Creditor's Name c/o Javitch Block 1100 Superior Avenue Floor 19 Cleveland, OH 44114-2531	When was the debt incurred? 2011				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Judgment				
4.2 0	T Mobile	Last 4 digits of account number	Unknown			
	Nonpriority Creditor's Name Attn: Bankruptcy Team PO Box 53410	When was the debt incurred?				
	Bellevue, WA 98015 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	′	<u> </u>				
	☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:				
		☐ Student loans				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Cell Phone				
4.2	Transunion	Last 4 digits of account number	\$0.00			
1	Nonpriority Creditor's Name					
	PO Box 1000 Crum Lynne, PA 19022	When was the debt incurred?	-			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	Other, Specify Notice Only				

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1 Tiera Monique Germany	Case number (if known)						
Marinan		Harley av					
Verizon	Last 4 digits of account number	Unknown					
Nonpriority Creditor's Name 500 Technology Dr. Ste 550 Weldon Spring, MO 63304	When was the debt incurred?						
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
Who incurred the debt? Check one.							
■ Debtor 1 only	☐ Contingent						
☐ Debtor 2 only	☐ Unliquidated						
☐ Debtor 1 and Debtor 2 only	☐ Disputed						
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
☐ Check if this claim is for a community	☐ Student loans						
debt	☐ Obligations arising out of a separation agreement or divorce that you did not						
Is the claim subject to offset?	report as priority claims						
No	Debts to pension or profit-sharing plans, and other similar debts						
Yes	■ Other. Specify Utility Bill						
Woodforest National Bank	Last 4 digits of account number	Unknown					
Nonpriority Creditor's Name							
1330 Lake Robbins Drive	When was the debt incurred?						
Spring, TX 77380 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
Who incurred the debt? Check one.	, ,						
■ Debtor 1 only	☐ Contingent						
☐ Debtor 2 only	☐ Unliquidated						
Debtor 1 and Debtor 2 only	□ Disputed						
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
☐ Check if this claim is for a community	☐ Student loans						
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
■ No	Debts to pension or profit-sharing plans, and other similar debts						
Yes	■ Other. Specify Bank Fees						
World Finance Company	Last 4 digits of account number 7401	\$981.00					
Nonpriority Creditor's Name PO Box 6429	When was the debt incurred? 11/17						
Greenville, SC 29607 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
Who incurred the debt? Check one.							
Debtor 1 only	☐ Contingent						
☐ Debtor 2 only	☐ Unliquidated						
☐ Debtor 1 and Debtor 2 only	☐ Disputed						
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
☐ Check if this claim is for a community	☐ Student loans						
debt	lacktriangle Obligations arising out of a separation agreement or divorce that you did not						
Is the claim subject to offset?	report as priority claims						
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
Yes	■ Other. Specify Credit Card/Credit Use						

Part 3: List Others to Be Notified About a Debt That You Already Listed

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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ATTEXT (Cavagnaro / One At8T 10/19 (Cavad cos): Part 1: Creditions with Principl Unsecured Claims	Debtor 1 Tiera Monique Germany		Case number (if known)
Last 4 digits of account number Last 4 digits of account number Part 1 or Part 2 did you list the original creditor?	Attn: Karen Cavagnaro / One At&T Way One At&T Way, Office 3A231	Line 4.11 of (Check one):	•
ATAT: ATAT U-Verse PO Box 5014 Last 4 digits of account number Name and Address Center Township Small Claims Court 300 E Fall Creek Pkwy N Dr #130 45(01-200-18-0-000644 Indianapolis, IN 46205 Name and Address Community Health Network 1500 North Ritter Indianapolis, IN 46205 Name and Address Community Health North Ritter Indianapolis, IN 46204 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Une 4.12 of (Check one): Part 2. Creditors with Priority Unsecured Claims Part 2. Creditors with Nonpriority Unsecured Claims Part 2. Creditors with Nonpriority Unsecured Claims Une 4.2 of (Check one): Part 2. Creditors with Nonpriority Unsecured Claims Indianapolis, IN 46204 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Une 4.11 of (Check one): Part 2. Creditors with Nonpriority Unsecured Claims Indianapolis, IN 46204 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Une 4.12 of (Check one): Part 2. Creditors with Nonpriority Unsecured Claims Indianapolis, IN 46204 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Une 4.12 of (Check one): Part 2. Creditors with Nonpriority Unsecured Claims Indianapolis, IN 46204 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Une 4.12 of (Check one): Part 2. Creditors with Nonpriority Unsecured Claims Indianapolis, IN 46204 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Une 4.19 of (Check one): Part 2. Creditors with Nonpriority Unsecured Claims Part 2. Creditors with Non	Bedminster, NJ 07921	Last 4 digits of account number	
Name and Address Center Township Small Claims Court 300 E Fall Creek Pkwy N Dr #130 48/K01-2001-SC-000064 Indianapolis, IN 46205 Name and Address Community Health Network 1500 North Ritter Indianapolis, IN 46219 Name and Address Un #2.2 of Check one): □ Part 1: Creditors with Nonpriority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims □ Part 2	AT&T Attn: AT&T U-Verse PO Box 5014		☐ Part 1: Creditors with Priority Unsecured Claims
Center Township Small Claims Court 300 E Fall Creek Pkwy N Dr #130 49K01-2001-SC-000064 Indianapolis, IN 46205 Name and Address Community Health Network 1500 North Ritter Indianapolis, IN 46219 Name and Address CT Corporation System 150 W. Market Street Suite 800 Indianapolis, IN 46204 Name and Address Indiana Bureau of Motor Vehicles Indianapolis, IN 46204 Name and Address Indianapolis, IN 46204 N	·	Last 4 digits of account number	
Name and Address Community Health Network 1500 North Ritter Indianapolis, IN 46219 Name and Address CT Corporation System TS W. Market Street Suite 800 Indianapolis, IN 46204-2814 Name and Address Undianapolis, IN 46204-2814 Name and Address Indiana Bureau of Motor Vehicles IGCN 100 N. Senate Ave. Rm 404 Attn: Legal Dept Indianapolis, IN 46204 Name and Address IU Health 250 N. Market Ave. Rm 404 Attn: Legal Dept Indianapolis, IN 46204 Name and Address IU Health 250 N. Shadeland Indianapolis, IN 46219 Name and Address IU Health 250 N. Shadeland Indianapolis, IN 46219 Name and Address IU Health 250 N. Shadeland Indianapolis, IN 46219 Name and Address IU Health Care Assoc Coh Harris & Harris LTD 111 W Jackson Blvd, Suite 400 Chicago, IL 60604 Name and Address IU Health Care Assoc Cho Harris & Harris LTD 111 W Jackson Blvd, Suite 400 Chicago, IL 60604 Name and Address IU Health Care Assoc Cho Harris & Harris LTD 111 W Jackson Blvd, Suite 400 Chicago, IL 60604 Name and Address IU Health Care Assoc Cho Harris & Harris LTD 111 W Jackson Blvd, Suite 400 Chicago, IL 60604 Name and Address Name and Address IU Health Care Assoc Cholago, IL 60604 Name and Address IU Health Care Assoc Cholago, IL 60604 Name and Address IU Health Care Assoc Cholago, IL 60604 Name and Address N	Center Township Small Claims Court 300 E Fall Creek Pkwy N Dr #130 49K01-2001-SC-000064		☐ Part 1: Creditors with Priority Unsecured Claims
Community Health Network 1500 North Ritter Indianapolis, IN 46219 Name and Address CT Corporation System 150 W. Market Street Suite 800 Indianapolis, IN 46204-2814 Name and Address CT Corporation System 150 W. Market Street Suite 800 Indianapolis, IN 46204-2814 Name and Address CGN 100 N. Senate Ave. Rm 404 Attn: Legal Dept Indianapolis, IN 46204 Name and Address Ul Health 150 W. Shadeland Indianapolis, IN 46204 Name and Address Ul Health 250 N. Shadeland Indianapolis, IN 46219 Name and Address Ul Health 250 N. Shadeland Indianapolis, IN 46219 Name and Address Ul Health Care Assoc C/O Harris & Harris LTD 111 W Jeakson Blvd, Suite 400 Chicago, IL 60604 Name and Address Marion Circuit Court 200 East Washington Street 49C01-1102-PL-005724 Indianapolis, IN 46204 Name and Address Marion Circuit Court 200 East Washington St. #W122 49D13-2007-CC-022921 Indianapolis, IN 46204 Last 4 digits of account number Name and Address Marion Circuit Court 200 East Washington Street 49C01-1102-PL-005724 Indianapolis, IN 46204 Name and Address Marion Superior Court 200 East Washington St. #W122 49D13-2007-CC-022921 Indianapolis, IN 46204 Last 4 digits of account number Name and Address Marion Superior Court 200 East Washington St. #W122 49D13-2007-CC-022921 Indianapolis, IN 46204 Last 4 digits of account number Last 4 digits of account number Name and Address Marion Superior Court 200 East Washington St. #W122 49D13-2007-CC-022921 Indianapolis, IN 46204 Last 4 digits of account number		Last 4 digits of account number	
Name and Address CT Corporation System 150 W. Market Street Suite 800 Indianapolis, IN 46204-2814 Name and Address Indiana Bureau of Motor Vehicles Indiana Polis, IN 46204 Indiana Bureau of Motor Vehicles Indiana Mureau of Motor	Community Health Network 1500 North Ritter	Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
CT Corporation System 150 W. Market Street Suite 800 Indianapolis, IN 46204-2814 Last 4 digits of account number Name and Address Indiana Bureau of Motor Vehicles IGCN 100 N. Senate Ave. Rm 404 Attn: Legal Dept Indianapolis, IN 46204 Name and Address IU Health 250 N. Shadeland Indianapolis, IN 46219 Name and Address IU Health Care Assoc Cor Harris & Harris LTD 111 W Jackson Blvd, Suite 400 Chicago, IL 60604 Name and Address Volume 4.10 of (Check one): On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): □ Part 2: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims □ Part 2: Creditors with Priority Unsecured Claims	Name and Address		and the description to another 2
Name and Address Indiana Bureau of Motor Vehicles IGCN 100 N. Senate Ave. Rm 404 Attr.: Legal Dept Indianapolis, IN 46204 Name and Address IU Health 250 N. Shadeland Indianapolis, IN 46219 Name and Address IU Health Care Assoc Co Harris & Harris LTD 111 W Jackson Blvd, Suite 400 Chicago, IL 60604 Name and Address Marion Circuit Court 200 East Washington Street 49C01-1102-PL-005724 Indianapolis, IN 46204 Name and Address Marion Superior Court 201 East Washington St. #W122 49D13-2007-CC-022921 Indianapolis, IN 46204 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Dart 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.19 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	CT Corporation System 150 W. Market Street Suite 800		☐ Part 1: Creditors with Priority Unsecured Claims
Indiana Bureau of Motor Vehicles IGCN 100 N. Senate Ave. Rm 404 Attn: Legal Dept Indianapolis, IN 46204 Name and Address IU Health 250 N. Shadeland Indianapolis, IN 46219 Name and Address IU Health Care Assoc Co Harris & Harris LTD 111 W Jackson Blvd, Suite 400 Chicago, IL 60604 Name and Address Marion Circuit Court 200 East Washington Street 49C01-1102-PL-005724 Indianapolis, IN 46204 Name and Address Marion Superior Court 201 East Washington St. #W122 49D13-2007-CC-022921 Indianapolis, IN 46204 Last 4 digits of account number Line 4.17 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 3: Creditors with Priority Unsecured Claims Part 4: Creditors with Priority Unsecured Claims Part 5: Creditors with Priority Unsecured Claims Part 5: Creditors with Priority Unsecured Claims Part 5: Creditors with Priority Unsecured Claims Part 6: Creditors with Priority Unsecured Claims Part 6: Creditors with Pr		Last 4 digits of account number	
Name and Address IU Health 250 N. Shadeland Indianapolis, IN 46219 Name and Address IU Health 250 N. Shadeland Indianapolis, IN 46219 Name and Address IU Health Care Assoc (c/o Harris & Harris LTD 111 W Jackson Blvd, Suite 400 Chicago, IL 60604 Name and Address Marion Circuit Court 200 East Washington Street 49C01-1102-PL-005724 Indianapolis, IN 46204 Name and Address Marion Superior Court 200 East Washington St. #W122 43D13-2007-CC-022921 Indianapolis, IN 46204 Name and Address Marion Superior Court 201 East Washington St. #W122 ApD13-2007-CC-022921 Indianapolis, IN 46204 Name and Address Marion Superior Court 202 East Washington St. #W122 ApD13-2007-CC-022921 Indianapolis, IN 46204 Name and Address Marion Superior Court 205 East Washington St. #W122 ApD13-2007-CC-022921 Indianapolis, IN 46204	Indiana Bureau of Motor Vehicles IGCN 100 N. Senate Ave. Rm 404 Attn: Legal Dept		Part 1: Creditors with Priority Unsecured Claims
Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims	mulanapons, nv 40204	Last 4 digits of account number	
Name and Address IU Health Care Assoc c/o Harris & Harris LTD 111 W Jackson Blvd, Suite 400 Chicago, IL 60604 Name and Address Marion Circuit Court 200 East Washington Street 49C01-1102-PL-005724 Indianapolis, IN 46204 Name and Address Marion Superior Court 200 East Washington St. #W122 49D13-2007-CC-022921 Indianapolis, IN 46204 On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.19 of (Check one): Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number	IU Health 250 N. Shadeland	Line 4.10 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims			
Name and Address Marion Circuit Court 200 East Washington Street 49C01-1102-PL-005724 Indianapolis, IN 46204 Name and Address Marion Superior Court 200 East Washington Street 49C1-1102-PL-005724 Indianapolis, IN 46204 Name and Address Marion Superior Court 200 East Washington St. #W122 49D13-2007-CC-022921 Indianapolis, IN 46204 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.5 of (Check one): Part 2: Creditors with Priority Unsecured Claims Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Line 4.5 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number	IU Health Care Assoc c/o Harris & Harris LTD 111 W Jackson Blvd, Suite 400	Line 4.10 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
Marion Circuit Court 200 East Washington Street 49C01-1102-PL-005724 Indianapolis, IN 46204 Name and Address Marion Superior Court 200 East Washington St. #W122 49D13-2007-CC-022921 Indianapolis, IN 46204 Line 4.19 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Line 4.5 of (Check one): Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Line 4.5 of (Check one): Line 4.5 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		-	
Name and Address Marion Superior Court 200 East Washington St. #W122 49D13-2007-CC-022921 Indianapolis, IN 46204 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	Marion Circuit Court 200 East Washington Street 49C01-1102-PL-005724		☐ Part 1: Creditors with Priority Unsecured Claims
Marion Superior Court 200 East Washington St. #W122 49D13-2007-CC-022921 Indianapolis, IN 46204 Last 4 digits of account number Line 4.5 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims		Last 4 digits of account number	
	Marion Superior Court 200 East Washington St. #W122 49D13-2007-CC-022921	Line 4.5 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
	Name and Address		you list the original creditor?

Name and Address

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Debtor 1 Tiera Monique Germany		Case number (if known)
Marion Superior Court 200 East Washington St. #W122 49D02-2003-CC-011951 Indianapolis, IN 46204	Line 4.13 of (Check one):	□ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
muianapons, ny 40204	Last 4 digits of account number	
Name and Address Marion Superior Court 200 East Washington St. #W122 49D05-1904-CC-016234 Indianapolis, IN 46204	On which entry in Part 1 or Part 2 did Line 4.15 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Marion Superior Court 200 East Washington St. #W122 49D10-1706-CT-024320 Indianapolis, IN 46204	On which entry in Part 1 or Part 2 did Line 4.17 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Medical Associates, LLP PO Box 6276, Dept. 20 Indianapolis, IN 46206-6276	On which entry in Part 1 or Part 2 did Line 4.16 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Verizon Bankruptcy Dept PO Box 25505 Lehigh Valley, PA 18002	On which entry in Part 1 or Part 2 did Line 4.22 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Verizon 1095 Avenue of the Americas New York, NY 10036	On which entry in Part 1 or Part 2 did Line 4.22 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Warren Township of Marion County 501 N. Post Road 49K06-1612-SC-006868 Indianapolis, IN 46219	On which entry in Part 1 or Part 2 did Line 4.9 of (<i>Check one</i>): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
Total	6a.	Domestic support obligations	6a.	\$ 0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 1,800.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 1,800.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 38,572.00

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Debtor 1	Tiera Monique Germany	Case number (if known)	

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ **38,572.00**

Fill in this infor	mation to identify your	case:		
Debtor 1	Tiera Monique Ge	ermany		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA	
Case number (if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

Monon Walk Apts./TWG Development 1122 E 16th St Indianapolis, IN 46202 **Residential Lease**

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					_
Fill in this i	nformation to identify you	ur case:			
Debtor 1	Tiera Monigue	Germany			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing) First Name	Middle Name	Last Name		
	" es Bankruptcy Court for the				
Officed State	es bankruptcy Court for the	. OCOTILINI DIOTNIOT	OI IIIDIAIVA		
Case number (if known)	er				☐ Check if this is an amended filing
Official	Form 106H				
Schedi	ule H: Your Co	debtors			12/15
your name a	and case number (if know	(If you are filing a joint case,			of any Additional Pages, write
■ No □ Yes					
Arizona No. (, California, Idaho, Louisiar Go to line 3.	ou lived in a community pr na, Nevada, New Mexico, Pu nouse, or legal equivalent live	erto Rico, Texas, Wash		v states and territories include
in line 2	2 again as a codebtor onl 06D), Schedule E/F (Offic	y if that person is a guaran	tor or cosigner. Make	sure you have listed th	g with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
_	column 1: Your codebtor ame, Number, Street, City, State and	d ZIP Code		Column 2: The cre Check all schedule	ditor to whom you owe the debt s that apply:
3.1 _N	ame			☐ Schedule D, line ☐ Schedule E/F, li ☐ Schedule G, line	ne
	umber Street ity	State	ZIP Code		
3.2 _N	ame			☐ Schedule D, line ☐ Schedule E/F, li ☐ Schedule G, line	ne
	umber Street ity	State	ZIP Code	_	

Official Form 106H Schedule H: Your Codebtors
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Fill	in this information to identify your ca	ase:					
Del	otor 1 Tiera Moniq	ue Germany					
	otor 2 use, if filing)						
Uni	ted States Bankruptcy Court for the	: SOUTHERN DISTRIC	CT OF INDIANA				
(If kr	fficial Form 106l	ome	-			ed filing ent showing pos as of the followi	stpetition chapter ing date: 12/15
Be a sup spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	sible. If two married peo are married and not fili or spouse is not filing w	ng jointly, and your spouse ith you, do not include infor	is living witl mation abວເ	n you, inclu it your spo	ude informatio ouse. If more s	responsible for n about your pace is needed,
1.	Fill in your employment information.		Debtor 1		Debtor 2	or non-filing	spouse
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed □ Not employed		☐ Emplo	-	
	employers.	Occupation	Housekeeping				
	Include part-time, seasonal, or self-employed work.	Employer's name	Kindred North Hospita	l			
	Occupation may include student or homemaker, if it applies.	Employer's address	8060 Knue Road Indianapolis, IN 46250				
		How long employed t	here? 3 Years				
Par	t 2: Give Details About Mor	nthly Income					
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to report for	any line, writ	te \$0 in the	space. Include	your non-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information for all	employers fo	r that perso	on on the lines b	elow. If you need
				For De	ebtor 1	For Debtor 2 non-filing s	
2.	List monthly gross wages, sala deductions). If not paid monthly,			\$	1,900.67	\$	N/A
3.	Estimate and list monthly overt	ime pay.	3.	+\$	0.00	+\$	N/A

4. Calculate gross Income. Add line 2 + line 3.

\$ 1,900.67

N/A

Deb	tor 1	Tiera Monique Germany	_	(Case i	number (if k	nown)				
					For	Debtor 1			Debtor n-filing s		
	Cop	by line 4 here	4.		\$	1,90	0.67	\$		N/A	_
5.	List	t all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	a.	\$	26	6.97	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		<u>\$</u> —		0.00	\$-		N/A	_
	5c.	Voluntary contributions for retirement plans	50		\$		0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	50	d.	\$		0.00	\$_		N/A	_
	5e.	Insurance	5€	€.	\$	(0.00	\$		N/A	_
	5f.	Domestic support obligations	5f		\$		0.00	\$		N/A	_
	5g.	Union dues	50		\$		0.00	\$_		N/A	_
	5h.	Other deductions. Specify:	5h	1.+	\$		0.00	+ \$_		N/A	_
6.		d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$		6.97	\$_		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	1,63	3.70	\$_		N/A	_
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88		\$		0.00	\$		N/A	
	8b.	Interest and dividends	8b		\$ -		0.00	\$_		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			* \$			\$ \$			_
	8d.		80		\$ -		0.00	\$ 		N/A N/A	_
	8e.	Social Security	86		\$		0.00	\$_		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Stamps	e 8f		\$	35(0.00	\$		N/A	_
	8g.	Pension or retirement income	— 8g		\$_		0.00	\$_		N/A	_
	8h.	Other monthly income. Specify:	_) 1.+	\$		0.00	+ \$		N/A	_
_				Г							_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		_	350	0.00	\$_		N/A	4
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		1,983.70	+ \$		N/A	= \$	1,983.70
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				_	1,000110
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify:	depe		•	,		•	Schedule 11.		0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certailies							. 12.	\$	1,983.70
13.	Do	you expect an increase or decrease within the year after you file this form	?								ly income
	$\overline{\Box}$	Yes. Explain:									

Schedule I: Your Income

page 2

Official Form 106I

EIII	in this informa	tion to identify yo	ur casa:			1		
						C la	and if this is	
Deb	tor 1	Tiera Moniqu	ie Germa	any			eck if this is: An amended filir	ng
	otor 2							nowing postpetition chapter of the following date:
(Spo	ouse, if filing)						13 expenses as	or the following date:
Unit	ed States Bankr	ruptcy Court for the:	SOUTH	IERN DISTRICT OF IND	IANA		MM / DD / YYYY	(
1	e number nown)							
Of	fficial Fo	rm 106J				-		
		J: Your I						12/1
info	ormation. If m		eded, atta	. If two married people a ch another sheet to thi n.				
Par	t 1: Descr	ibe Your House	hold					
1.	Is this a joir	nt case?						
	■ No. Go to □ Yes. Doe	line 2. s Debtor 2 live i	n a separ	ate household?				
	□ N □ Y		st file Offici	al Form 106J-2, <i>Expense</i>	es for Separate House	ehold of De	ebtor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Son		10	Yes T
								□ No □ Yes
								_ □ No
								Yes
								□ No
3.	Do vour ext	enses include	_	Na				
	expenses o	f people other the d your depender	han $_{f \Box}$	No Yes				
Par		ate Your Ongoir						
exp								Chapter 13 case to report of the form and fill in the
the	value of sucl	n assistance and		government assistance				
(Off	ficial Form 10	6I.)					Your e	xpenses
4.		or home owners and any rent for the		ses for your residence.	Include first mortgag	e 4.	\$	587.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's	s, or renter	's insurance		4b.	· · -	0.00
				upkeep expenses		4c.	·	10.00
5.		owner's associati nortgage payme		dominium dues our residence, such as h	nome equity loans	4d. 5.	·	0.00

Debtor 1	Tiera Monique Germany	Case num	ber (if known)	
6. Utilit	ies.			
6a.	Electricity, heat, natural gas	6a.	\$	120.00
6b.	Water, sewer, garbage collection	6b.	· -	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	·	130.00
6d.	Other. Specify:	6d.		0.00
7. Food	l and housekeeping supplies	 7.	·	525.00
	Icare and children's education costs	8.	· -	0.00
9. Cloth	ning, laundry, and dry cleaning	9.	·	50.00
	onal care products and services	10.	· -	75.00
	cal and dental expenses	11.	·	25.00
	sportation. Include gas, maintenance, bus or train fare.		*	
	ot include car payments.	12.	\$	150.00
3. Ente	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
4. Char	itable contributions and religious donations	14.	\$	0.00
l5. Insu r				
	ot include insurance deducted from your pay or included in lines 4 or 20.		_	
	Life insurance	15a.	·	0.00
	Health insurance	15b.	·	0.00
	Vehicle insurance	15c.	·	212.00
	Other insurance. Specify:	15d.	\$	0.00
	s. Do not include taxes deducted from your pay or included in lines 4 or 20.		•	
Spec	•	16.	\$	0.00
	Illment or lease payments:	170	c	0.00
	Car payments for Vehicle 1	17a.	· -	0.00
	Car payments for Vehicle 2	17b.	·	0.00
	Other Specify:	17c. 17d.	·	0.00
	Other. Specify: payments of alimony, maintenance, and support that you did not report as		Φ	0.00
	icted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	r payments you make to support others who do not live with you.		\$	0.00
Spec		19.	·	
	r real property expenses not included in lines 4 or 5 of this form or on Sche	edule I: Yo	our Income.	
	Mortgages on other property	20a.		0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
1. Othe	r: Specify: Vehicle Maintenance	21.	+\$	25.00
	Preparation		+\$	5.00
	nse Plates		+\$	15.00
	ulate your monthly expenses		•	4 070 00
	Add lines 4 through 21.		\$	1,979.00
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. /	Add line 22a and 22b. The result is your monthly expenses.		\$	1,979.00
3. Calc	ulate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,983.70
	Copy your monthly expenses from line 22c above.	23b.	· -	1,979.00
200.	Copy your monthly expended from the 226 above.	200.	—	1,313.00
23c.	Subtract your monthly expenses from your monthly income.			
	The result is your <i>monthly net income</i> .	23c.	\$	4.70
	,			
	ou expect an increase or decrease in your expenses within the year after yo			
	kample, do you expect to finish paying for your car loan within the year or do you expect your loation to the terms of your mortgage?	r mortgage	payment to increase	e or decrease because of a
_				
■ No				
□ Ye	es. Explain here:			

Fill in this infor	mation to identify your	case:			
Debtor 1	Tiera Monique Ge				
Dahrano	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
		OOLITHEDA DIOTOLOT	OF INDIANA		
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA		
Case number					
(if known)					☐ Check if this is an
					amended filing
O#: a: a! Fam	400D				
Official For					
Declarat	tion About a	ın Individual	Debtor's So	chedules	12/15
•	l8 U.S.C. §§ 152, 1341, 1 n Below	519, and 5571.			
Did you pa	ay or agree to pay some	one who is NOT an atto	rney to help you fill out	bankruptcy forms?	
■ No					
☐ Yes.	Name of person				rruptcy Petition Preparer's Notice, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules file	ed with this declaratio	on and
X /s/ Tie	ra Monique Germany		X		
Tiera I	Monique Germany ure of Debtor 1		Signature o	f Debtor 2	
Date _	August 17, 2021		Date		

	in this inform	nation to identify you	r ease.			
	btor 1					
De	DIOI I	Tiera Monique G	Middle Name	Last Name		
	btor 2 buse if, filing)	First Name	Middle Name	Last Name		
.		nkruptcy Court for the:	SOUTHERN DISTRICT (
Uni	iled States Dar	ikrupicy Court for the.	300 THERN DISTRICT C	DE INDIANA		
1	se number					Check if this is an amended filing
	ficial Fo		Affairs for Individ	duals Filing for B	ankruptcy	4/1
info nun	rmation. If m	ore space is needed, n). Answer every que		this form. On the top of any		
			arital Status and Where You	Lived Before		
1.	What is your	current marital statu	is?			
	☐ Married					
	■ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	□ No					
	Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>'</i> .	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
	3084 Baltii Indianapol	more lis, IN 46218	From-To: 03/18 - 04/21	☐ Same as Debtor		☐ Same as Debtor 1 From-To:
3. state	es and territori	es include Árizona, Ca	ver live with a spouse or leg lifornia, Idaho, Louisiana, Ne hedule H: Your Codebtors (O	vada, New Mexico, Puerto R		
Pai	rt 2 Explai	n the Sources of You	r Income			
4.	Fill in the tota	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receiv	all businesses, including part-	time activities.	endar years?
		in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$10,527.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

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Debtor 1 _	Γiera Monique German	у	Case	e number (if known)	
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of incon Check all that app	
For last cald	endar year: to December 31, 2020)	■ Wages, commissions, bonuses, tips	\$27,485.00	☐ Wages, commi bonuses, tips	ssions,
		☐ Operating a business		☐ Operating a bu	siness
	endar year before that: to December 31, 2019)	■ Wages, commissions, bonuses, tips	\$19,000.00	☐ Wages, commi	ssions,
		☐ Operating a business		☐ Operating a bu	siness
winnings List each	s. If you are filing a joint can	pensions; rental income; interse and you have income that younge from each source separa	you received together, list it o	nly once under Debt	
		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of incomposition Describe below.	Gross income (before deductions and exclusions)
	ary 1 of current year until u filed for bankruptcy:	Food Stamp Assistance	\$2,800.00		
For last cald	endar year: to December 31, 2020)	Food Stamp Assistance	\$2,100.00		
-	ner Debtor 1's or Debtor 2 Neither Debtor 1 nor I individual primarily for a During the 90 days before 1 No. Go to line 1 Yes List below paid that continct include 1 * Subject to adjustments. Debtor 1 or Debtor 2 or During the 90 days before 1 No. Go to line 1 Yes List below List below	a personal, family, or househouse pre you filed for bankruptcy, dig. 7. each creditor to whom you paireditor. Do not include payment payments to an attorney for the ton 4/01/22 and every 3 year property or both have primarily consumer you filed for bankruptcy, dig. 7. each creditor to whom you paire	r debts? Jumer debts. Consumer debts. Id purpose." Id you pay any creditor a tota Id a total of \$6,825* or more into for domestic support oblighis bankruptcy case. Is after that for cases filed on furnity in the support of the	n one or more paymations, such as child or after the date of a of \$600 or more?	ents and the total amount you I support and alimony. Also, do djustment.
Credito	attorney fo	r this bankruptcy case. Dates of payme	ent Total amount	Amount you	Was this payment for
3.04.11		_ a.c. c. payc	paid	still owe	, , , , , , , , , , , , , , , , , , ,

Official Form 107

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Case number (if known)

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for
Monon Walk Apts./TWG Development 1122 E 16th St Indianapolis, IN 46202	Monthly	\$1,761.00	Unknown	☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ■ Other Rent
Within 1 year before you filed for bankrup Insiders include your relatives; any general pof which you are an officer, director, person a business you operate as a sole proprietor. alimony.	partners; relatives of any ge in control, or owner of 20%	eneral partners; partners or more of their voting	erships of which yog g securities; and a	ou are a general partner; corpora ny managing agent, including or
■ No□ Yes. List all payments to an insider.				
Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co		yments or transfer a	any property on a	ccount of a debt that benefite
☐ Yes. List all payments to an insider				
Insider's Name and Address t4: Identify Legal Actions, Repossession		Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name and Address t 4: Identify Legal Actions, Repossession Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes. No	ons, and Foreclosures otcy, were you a party in a	paid ny lawsuit, court ac	still owe	Include creditor's name
Insider's Name and Address 14: Identify Legal Actions, Repossession Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes. No Yes. Fill in the details.	ons, and Foreclosures otcy, were you a party in a ry cases, small claims actio	paid any lawsuit, court ac ns, divorces, collection	still owe	Include creditor's name rative proceeding? actions, support or custody
Insider's Name and Address t 4: Identify Legal Actions, Repossession Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes. No	ons, and Foreclosures otcy, were you a party in a	paid ny lawsuit, court ac	still owe	Include creditor's name rative proceeding?
Insider's Name and Address 14: Identify Legal Actions, Repossession Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes. No Yes. Fill in the details. Case title	ons, and Foreclosures otcy, were you a party in a ry cases, small claims actio	paid any lawsuit, court ac ns, divorces, collection	still owe	Include creditor's name rative proceeding? Inctions, support or custody Status of the case Pending On appeal Concluded
Insider's Name and Address t4: Identify Legal Actions, Repossession Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes. No Yes. Fill in the details. Case title Case number EAGLE FINANCE COMPANY v. TIERA GERMANY	ons, and Foreclosures otcy, were you a party in a ry cases, small claims actio	paid any lawsuit, court ac ans, divorces, collection Court or agency Marion Superior 200 East Wash #W122	etion, or administration suits, paternity and suits, paternity and suits or Court sington St. N 46204 or Court sington St.	Include creditor's name rative proceeding? Inctions, support or custody Status of the case Pending On appeal Concluded Judgment Pending On appeal Concluded Concluded Concluded
Insider's Name and Address t4: Identify Legal Actions, Repossessic Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes. No Yes. Fill in the details. Case title Case number EAGLE FINANCE COMPANY v. TIERA GERMANY 49D13-2007-CC-022921 Joe's Auto Sales, Inc. v. Tiera Germany	ons, and Foreclosures otcy, were you a party in a ry cases, small claims action Nature of the case Debt Collection	court or agency Marion Superic 200 East Wash #W122 Indianapolis, II Marion Superic 200 East Wash #W122	or Court sington St. N 46204 or Court sington St. N 46204 or Court sington St. N 46204	Include creditor's name rative proceeding? Inctions, support or custody Status of the case Pending On appeal Concluded Judgment Pending On appeal On appeal

Debtor 1 Tiera Monique Germany

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Case number (if known)

	Case title Case number	Nature of the case	Court or agency	Status of the	ne case
	RELIABLE AUTO FINANCE v. TIERA GERMANY 49D05-1904-CC-016234	Debt Collection	Marion Superior Court 200 East Washington St #W122 Indianapolis, IN 46204	☐ Pending ☐ On app	eal
				Judgmen	t
10.	Within 1 year before you filed for bankrup. Check all that apply and fill in the details bel No. Go to line 11.		erty repossessed, foreclosed,	, garnished, attache	d, seized, or levied?
	Yes. Fill in the information below.	December the Brown of		Data	Valore of the
	Creditor Name and Address	Describe the Property		Date	Value of the property
		Explain what happened	d		
11.	Within 90 days before you filed for bankr accounts or refuse to make a payment be ■ No □ Yes. Fill in the details.		luding a bank or financial ins	titution, set off any	amounts from your
	Creditor Name and Address	Describe the action the	e creditor took	Date action was taken	Amount
12.	Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or No Yes		erty in the possession of an a	ssignee for the ben	efit of creditors, a
Par	t 5: List Certain Gifts and Contributions	S			
13.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift.	ıptcy, did you give any gift	s with a total value of more th	nan \$600 per person	?
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:				
14.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co		s or contributions with a total	I value of more than	\$600 to any charity?
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	Describe what you	u contributed	Dates you contributed	Value
Par	t 6: List Certain Losses				
15.	Within 1 year before you filed for bankrup or gambling?	otcy or since you filed for b	pankruptcy, did you lose anytl	hing because of the	ft, fire, other disaster
	■ No □ Yes. Fill in the details.				
	Describe the property you lost and how the loss occurred	Describe any insurance co Include the amount that insurance claims on line 33	rance has paid. List pending	Date of your loss	Value of property lost

Debtor 1 Tiera Monique Germany

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Case number (if known)

16.	Within 1 year before you filed for bankruptcy, or consulted about seeking bankruptcy or prepare Include any attorneys, bankruptcy petition prepare	ing a bankruptcy petition?			ty to anyone you
	□ No■ Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any proper transferred	rty	Date payment or transfer was made	Amount of payment
	John Steinkamp and Associates 5214 S. East Street Suite D1 Indianapolis, IN 46227 ecf@johnsteinkampandassociates.com	Attorney Fees + Filing Fees		8/13/21	\$1,150.00
	Access Counseling 633 W. 5th Street Suite 2600	Credit Counseling Certificate		6/28/21	\$14.95
	Los Angeles, CA 90071				
17.	Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors or Do not include any payment or transfer that you list No Yes. Fill in the details.	or to make payments to your creditors? sted on line 16.	?		
17.	Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors or Do not include any payment or transfer that you list	or to make payments to your creditors?	?	transfer any proper Date payment or transfer was made	ty to anyone who Amount of payment
	Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors or Do not include any payment or transfer that you list No Yes. Fill in the details. Person Who Was Paid	or to make payments to your creditors? sted on line 16. Description and value of any proper transferred did you sell, trade, or otherwise transferess or financial affairs? as security (such as the granting of a sec	rty er any prope	Date payment or transfer was made erty to anyone, other	Amount of payment than property
	Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors or Do not include any payment or transfer that you list. No Yes. Fill in the details. Person Who Was Paid Address Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your businclude both outright transfers and transfers made include gifts and transfers that you have already list. No Yes. Fill in the details. Person Who Received Transfer Address	or to make payments to your creditors? sted on line 16. Description and value of any proper transferred did you sell, trade, or otherwise transferess or financial affairs? as security (such as the granting of a sec	er any prope curity interest	Date payment or transfer was made erty to anyone, other or mortgage on your my property or eceived or debts	Amount of payment than property
18.	Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors or Do not include any payment or transfer that you list. No Yes. Fill in the details. Person Who Was Paid Address Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busi Include both outright transfers and transfers made include gifts and transfers that you have already list. No Yes. Fill in the details. Person Who Received Transfer	Description and value of any proper transferred did you sell, trade, or otherwise transferses or financial affairs? as security (such as the granting of a secuted on this statement. Description and value of property transferred	er any prope curity interest Describe and payments repaid in excl	Date payment or transfer was made erty to anyone, other or mortgage on your my property or eceived or debts hange	Amount of payment than property property). Do not Date transfer was made

Debtor 1 Tiera Monique Germany

Debtor 1 Tiera Monique Germany

Case number (if known)

Par	t 8: List of Certain Financial Accounts, Inst	ruments, Safe Deposi	Boxes, and Sto	rage Units	S	
20.	 Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerag houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. 					
		Last 4 digits of account number	Type of account instrument	nt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ear before you filed for	bankruptcy, an	y safe dep	osit box or other deposit	ory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe (the contents	Do you still have it?
22.	Have you stored property in a storage unit or	place other than your	home within 1 y	year befor	e you filed for bankruptcy	1?
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or I to it? Address (Number, S State and ZIP Code)		Describe t	the contents	Do you still have it?
Par	t 9: Identify Property You Hold or Control fo	or Someone Else				
23.	Do you hold or control any property that som for someone.	eone else owns? Incl	ude any property	y you borr	owed from, are storing fo	r, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe (the property	Value
Par	t 10: Give Details About Environmental Infor	mation				
For	the purpose of Part 10, the following definition	ns apply:				
	Environmental law means any federal, state, toxic substances, wastes, or material into the regulations controlling the cleanup of these s	air, land, soil, surface	e water, groundv			
	Site means any location, facility, or property a to own, operate, or utilize it, including dispos	al sites.				
	Hazardous material means anything an environment hazardous material, pollutant, contaminant, o		as a hazardous v	waste, haz	zardous substance, toxic	substance,
Rep	ort all notices, releases, and proceedings that	you know about, rega	ardless of when	they occu	rred.	
24.	Has any governmental unit notified you that y	ou may be liable or po	otentially liable ι	under or ir	n violation of an environm	nental law?
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental un Address (Number, S ZIP Code)		Enviro know i	onmental law, if you it	Date of notice

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Del	otor 1	Tiera Monique Germany		Case	e number (if known)	
25.	Have	e you notified any governmental unit of	any release of hazardous material?			
	_		•			
	_	No Yes. Fill in the details.				
	_	ne of site	Governmental unit	E	Environmental law, if you	Date of notice
	Add	Iress (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		now it	
26.	Have	you been a party in any judicial or ad	ministrative proceeding under any envir	ronmo	ental law? Include settlements	and orders.
		No				
		Yes. Fill in the details.				
		e Title e Number	Court or agency Name	Natu	re of the case	Status of the case
	Cas	e Number	Address (Number, Street, City, State and ZIP Code)			case
Pai	rt 11:	Give Details About Your Business or	,			
			tcy, did you own a business or have any	v of ti	he following connections to an	v husiness?
		_ `	in a trade, profession, or other activity,	•	•	y business.
			pany (LLC) or limited liability partnershi		•	
		☐ A partner in a partnership	sarry (220) or minica hability partiters in	P (• ,	
		An officer, director, or managing ex	•			
	_		ng or equity securities of a corporation			
		No. None of the above applies. Go to	Part 12.			
			I in the details below for each business.			
		iness Name Iress	Describe the nature of the business		Employer Identification number Do not include Social Security	
	(Num	ber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Dates business existed	
28	With	in 2 years before you filed for bankrup	tcy, did you give a financial statement to	o anv	one about your business? Inc	lude all financial
		tutions, creditors, or other parties.	,, ,	·,		
		No				
		Yes. Fill in the details below.				
	Nan		Date Issued			
		ress ber, Street, City, State and ZIP Code)				
Pai	rt 12:	Sign Below				
l ha	ve rea	- Indit he answers on this <i>Statement of Fi</i>	nancial Affairs and any attachments, and	d I de	eclare under penalty of periury	that the answers
are	true a	nd correct. I understand that making a	false statement, concealing property, o \$250,000, or imprisonment for up to 20	or obt	aining money or property by fr	
		§§ 152, 1341, 1519, and 3571.	\$250,000, or imprisonment for up to 20	years	s, or botti.	
/s/	Tiera	Monique Germany				
Tie	ra M	onique Germany e of Debtor 1	Signature of Debtor 2			
Dat	te A	ugust 17, 2021	Date			
Did	you a	ttach additional pages to Your Statem	ent of Financial Affairs for Individuals F	iling	for Bankruptcy (Official Form 1	107)?
I	No.			-	- ·	-
□ Y	'es					
		ay or agree to pay someone who is no	t an attorney to help you fill out bankru	ptcy f	orms?	
■ N □ Y		ame of Person Attach the Rankri	uptcy Petition Preparer's Notice, Declaratio	n an	d Signature (Official Form 110)	
	ial Forr		nent of Financial Affairs for Individuals Filing			page 7

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Debtor 1 Tiera Monique Germany Case number (if known)

Fill in this infor	mation to identify your	case:		
Debtor 1	Tiera Monique G	ermany		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DIS	TRICT OF INDIANA	
Casa numbar				
Case number (if known)				☐ Check if this is an amended filing
Official Fo	orm 108			
		n for India	viduala Eiling Under Chante	or 7
Stateme	nt or intentic	m for mary	riduals Filing Under Chapte	er / 12/15
If you are an ind	lividual filing under cha	antor 7 you must fil	Lout this form if:	
_	re claims secured by yo	-	rout this form ii.	
_	sed personal property		ot expired	
You must file th	is form with the court very is earlier, unless t	within 30 days after	you file your bankruptcy petition or by the date so e time for cause. You must also send copies to th	
	eople are filing togethe	er in a joint case, bo	th are equally responsible for supplying correct in	nformation. Both debtors must
Re as complete	and accurate as nossil	hle If more snace is	s needed, attach a separate sheet to this form. On	the top of any additional pages
•	our name and case nu		s needed, attach a separate sheet to this form. On	the top of any additional pages,
Part 1: List Y	our Creditors Who Hav	ve Secured Claims		
1. For any credit		Part 1 of Schedule D	: Creditors Who Have Claims Secured by Propert	y (Official Form 106D), fill in the
	reditor and the property	that is collateral	What do you intend to do with the property that	t Did you claim the property
			secures a debt?	as exempt on Schedule C?
Creditor's			☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	
			☐ Retain the property and enter into a	☐ Yes
Description of	f		Reaffirmation Agreement.	
property			☐ Retain the property and [explain]:	
securing debt	:			
Creditor's			☐ Surrender the property.	□ No
name:			☐ Retain the property and redeem it.	□ 140
			☐ Retain the property and enter into a	□Yes
Description of	f		Reaffirmation Agreement.	
property			☐ Retain the property and [explain]:	
securing debt	<u>.</u>			_
Creditor's			☐ Surrender the property.	□ No
name:			☐ Retain the property and redeem it.	LI NO
-			☐ Retain the property and enter into a	☐ Yes
Description of	f		Reaffirmation Agreement.	
property			☐ Petain the property and [evolain]:	

Official Form 108

Creditor's

securing debt:

Statement of Intention for Individuals Filing Under Chapter 7

☐ Surrender the property.

☐ No

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Debtor 1	Tiera Mor	nique Germany	Case r	umber (if known)
prope	ription of		 □ Retain the property and redeem □ Retain the property and enter into Reaffirmation Agreement. □ Retain the property and [explain] 	o a
n the int	unexpired per formation belo	w. Do not list real estate lease	sted in Schedule G: Executory Contracts	and Unexpired Leases (Official Form 106G), fill ill in effect; the lease period has not yet ended. S.C. § 365(p)(2).
Describ	e your unexpi	red personal property leases		Will the lease be assumed?
Lessor's	name:	Monon Walk Apts./TWG De	evelopment	□ No ■ Yes
Descript Property Part 3:	_	Residential Lease		
Jnder pe property	enalty of perju	et to an unexpired lease.	X	estate that secures a debt and any personal
	era Monique nature of Debt	=	Signature of Debtor 2	
Da	te Augus	t 17, 2021	Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$78	administrative fee	
+ \$15	trustee surcharge	
\$338	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee \$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Indiana

In re	Tiera Monique Germany		Case N		
		Debtor(s)	Chapte	r 7	
	DISCLOSURE OF COMPE	NSATION OF ATTO	RNEY FOR	DEBTOR(S)	
c	tursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 ompensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy	, or agreed to be p	aid to me, for services rend	lered or to
	For legal services, I have agreed to accept		\$	1,150.00	
	Prior to the filing of this statement I have received		\$	1,150.00	
	Balance Due		\$	0.00	
2. T	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3. T	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4. I	I have not agreed to share the above-disclosed comp	pensation with any other person	unless they are m	embers and associates of n	ny law firm.
[☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the national statement.				firm. A
5. I	n return for the above-disclosed fee, I have agreed to re	ender legal service for all aspec	ts of the bankrupt	cy case, including:	
b c	 Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, stated Representation of the debtor at the meeting of credited [Other provisions as needed] CHAPTER 7 CASES: Negotiations with preparation and filing of reaffirmation appursuant to 11 USC 522(f)(2)(A) for avoid 	ement of affairs and plan which ors and confirmation hearing, a secured creditors to reduce greements and application	n may be required and any adjourned be to market va as as needed; p	hearings thereof; lue; exemption plannin	ıg;
	CHAPTER 13 CASES: The Rights and R herein controls.	esponsibilities of Chapter	13 Debtors and	Their Attorneys conta	ined
6. E	by agreement with the debtor(s), the above-disclosed fe CHAPTER 7 CASES: Representation of from stay actions or any other adversar	the debtors in any dischai		ns, judicial lien avoidar	nces, relief
	CHAPTER 13 CASES: The Rights and F herein controls.	Responsibilities of Chapter	13 Debtors and	d Their Attorneys conta	ained
		CERTIFICATION			
	certify that the foregoing is a complete statement of an unkruptcy proceeding.	y agreement or arrangement for	r payment to me f	or representation of the deb	otor(s) in
Αι	ugust 17, 2021	/s/ Jennifer F. As			
Da	nte	Jennifer F. Asbu Signature of Attorne			
		John Steinkamp	and Associates	3	
		5214 S. East Stre Suite D1	eet		
		Indianapolis, IN			
		317-780-8300 Fa			
		ecf@johnsteinka Name of law firm	mpandassocia	es.com	
		rame of taw film			

Verification of Creditor List (rev 12/01/18)

UNITED STATES BANKRUPTCY COURT

SOUTHERN	DISTRICT OF INDIANA
In re: Tiera Monique Germany Debtor(s)	Case No. Case No. Case No. Check if this form is submitted with an amended creditor List.
VERIFICATIO	ON OF CREDITOR LIST
	ed or to be included in Schedules D, E/F, G, and H are listed in the creditors, parties to leases and executory contracts, and codebtors.
(I/We) declare that the names and addresses of the listed entit	ies are true and correct to the best of (my/our) knowledge.
(I/We) understand that (I/we) must file an amended creditor list schedules that are not included in the creditor list submitted w	st and pay an amendment fee if there are entities listed on (my/our) with this verification.
Dated: August 17, 2021	/s/ Tiera Monique Germany
	Tiera Monique Germany
	Signature of Debtor
	Signature of Joint Debtor

(Note: Certificate of Service not required.)

AT&T

ATTN: KAREN CAVAGNARO / ONE AT&T WAY ONE AT&T WAY, OFFICE 3A231 BEDMINSTER, NJ 07921

AT&T
ATTN: AT&T U-VERSE
PO BOX 5014
CAROL STREAM, IL 60197-5014

CENTER TOWNSHIP SMALL CLAIMS COURT 300 E FALL CREEK PKWY N DR #130 49K01-2001-SC-000064 INDIANAPOLIS, IN 46205

CHEXSYSTEMS
7805 HUDSON ROAD STE. 100
SAINT PAUL, MN 55125

COMMUNITY HEALTH PO BOX 19202 INDIANAPOLIS, IN 46219

COMMUNITY HEALTH NETWORK 1500 NORTH RITTER INDIANAPOLIS, IN 46219

COMMUNITY HOME MEDICAL EQUIPMENT PO BOX 71248 CHARLOTTE, NC 28272-1248

CORELOGIC CORPORATE HEADQUARTERS 40 PACIFICA AVENUE SUITE 900 IRVINE, CA 92618

CT CORPORATION SYSTEM 150 W. MARKET STREET SUITE 800 INDIANAPOLIS, IN 46204-2814

EAGLE FINANCE
BLEEKER BRODEY & ANDREWS
9247 N MERIDIAN ST., #101
INDIANAPOLIS, IN 46260

EAST AUTO FINANCE INC 8514 PENDLETON PIKE INDIANAPOLIS, IN 46226

EQUIFAX
ATTN: BANKRUPTCY DEPT.
PO BOX 740241
ATLANTA, GA 30374

EXPERIAN
ATTN: BANKRUPTCY DEPT
PO BOX 2002
ALLEN, TX 75013

FLAHERTY & COLLINS PROPERTIES C/O DANIEL SANDLIN PO BOX 4656 CARMEL, IN 46082 HARRIS & HARRIS 111 W. JACKSON BLVD. #400 CHICAGO, IL 60604

IC SYSTEM INC. PO BOX 64378 SAINT PAUL, MN 55164

INDIANA BUREAU OF MOTOR VEHICLES IGCN 100 N. SENATE AVE. RM 404 ATTN: LEGAL DEPT INDIANAPOLIS, IN 46204

INDIANAPOLIS HOUSING AGENCY 1919 N. MERIDIAN STREET INDIANAPOLIS, IN 46202

INTERNAL REVENUE SERVICE ATTN: BANKRUPTCY DEPT PO BOX 7346 PHILADELPHIA, PA 19101-7346

IU HEALTH
250 N. SHADELAND
INDIANAPOLIS, IN 46219

IU HEALTH CARE ASSOC C/O HARRIS & HARRIS LTD 111 W JACKSON BLVD, SUITE 400 CHICAGO, IL 60604 JOE'S AUTO SALES C/O LORA NELL WILLIAMS P.O. BOX 43 GREENSBURG, IN 47240

MARION CIRCUIT COURT 200 EAST WASHINGTON STREET 49C01-1102-PL-005724 INDIANAPOLIS, IN 46204

MARION SUPERIOR COURT 200 EAST WASHINGTON ST. #W122 49D13-2007-CC-022921 INDIANAPOLIS, IN 46204

MARION SUPERIOR COURT 200 EAST WASHINGTON ST. #W122 49D02-2003-CC-011951 INDIANAPOLIS, IN 46204

MARION SUPERIOR COURT 200 EAST WASHINGTON ST. #W122 49D05-1904-CC-016234 INDIANAPOLIS, IN 46204

MARION SUPERIOR COURT 200 EAST WASHINGTON ST. #W122 49D10-1706-CT-024320 INDIANAPOLIS, IN 46204

MEDICAL ASSOCIATES, LLP PO BOX 6276, DEPT. 20 INDIANAPOLIS, IN 46206-6276 MIDWEST TITLE LOAN 330 N. GILBERT DANVILLE, IL 61832

RELIABLE AUTO FINANCE PO BOX 9700 WYOMING, MI 49509

RMP 6955 HILLSIDE COURT INDIANAPOLIS, IN 46250

SHELTER INSURANCE COMPANY C/O BLEECKER BRODEY & ANDREWS 9247 N. MERIDIAN STREET, SUITE 310 CARMEL, IN 46033

SIMS FURNITURE 3020 N POST RD INDIANAPOLIS, IN 46226

STATE FARM FIRE & CASUALTY C/O JAVITCH BLOCK 1100 SUPERIOR AVENUE FLOOR 19 CLEVELAND, OH 44114-2531

T MOBILE ATTN: BANKRUPTCY TEAM PO BOX 53410 BELLEVUE, WA 98015 TRANSUNION
PO BOX 1000
CRUM LYNNE, PA 19022

VERIZON 500 TECHNOLOGY DR. STE 550 WELDON SPRING, MO 63304

VERIZON
BANKRUPTCY DEPT
PO BOX 25505
LEHIGH VALLEY, PA 18002

VERIZON 1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036

WARREN TOWNSHIP OF MARION COUNTY 501 N. POST ROAD 49K06-1612-SC-006868 INDIANAPOLIS, IN 46219

WOODFOREST NATIONAL BANK 1330 LAKE ROBBINS DRIVE SPRING, TX 77380

WORLD FINANCE COMPANY PO BOX 6429 GREENVILLE, SC 29607